

DRAFT Minutes
MHRT/C Redesign Competency Committee Meeting

Date: December 17, 2014

Time: 9:30-10:30am

Location: Sebago Room, Muskie School

Meeting Lead: Leticia Huttman

Purpose: Resources for competency work

Overview: Welcome, Introductions

Opening Remarks

Milestones and timelines

Resources

Best and Emerging Practices

Next meeting

Participants:

Kim Lane	UMA	Leticia Huttman	SAMHS	David McCluskey	Community Care
Alice Preble	Moving Forward	Heather Bingelis	Ascentria	Kelli Fox	UNE
Marie Pedersen	Sweetser	Jodi Hansen	Sweetser	Janice Daley	Muskie
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Minutes:

1. Welcome , Introductions and Opening remarks:

Leticia Huttman opened the meeting and members introduced themselves. She explained the roles of the different committees. The Competency Sub-Committee will recommend what competencies should be required. The Systems/Administration Sub-Committee will examine how the certification program is structured and address topics such as continuing education requirements, provisional status and de-certification. Leticia also emphasized that one of the essential goals of the redesign will be balancing the need for creating better access to this workforce with the need to maintain quality. She also discussed other initiatives that will have to be coordinated with the redesign including establishment of behavioral health homes, any changes in Section 17 of MaineCare services, and exploration of a 1915 I waiver.

2. Milestones and Timeline

Leticia reviewed the redesign timeline, highlighting the major milestones for the Competency Sub-committee. Research on new competencies and any updates to existing competencies will occur over the next couple of months. Input will be collected in several ways, including possibly through an electronic survey such as Survey Monkey. Although she acknowledged that the timeline is aggressive, she hopes to have a list of recommended competencies in March or April.

3. Resources for Competency Development

Jacinda provided an overview of the resource list and emphasized that these are just a starting point for a discussion around where we may find additional resources and ideas. Leticia then asked attendees for their thoughts and suggestions for additional resources. Their comments are

highlighted below:

- Consider a 1-2 hour presentation on the ACE study when bringing people into the field.
- Consider the knowledge individuals need to have upon hire vs. which skills they can learn later on.
- Examine the MaineCare rules – What are the core tasks of the practice? What are the competencies CI workers need upon entering the workforce?
- Examine the standards for national case management certification
- Consider emerging research on trauma and addiction
- Some CI workers tend to work outside the scope of their job by taking on a counselor role. Do not overly “clinicalize” the scope of this service. There needs to be a cleaner definition of the CI worker’s role. How do they provide support without crossing into the counselor role?
- Need to balance accessibility and operating within the scope of practice
- Consider agency orientation requirements – should MHRT/C competencies be separated from agency-specific training and orientation requirements?
- Consider the difference between understanding the system vs. learning the specific skills to do the work effectively.
- Systems knowledge is one of the essential competencies needed at the start of employment
- May be helpful to provide an overview of intentional peer support programs
- May be helpful to provide specific information on the differences between a helping relationship and therapy.

4. Best and Emerging Practices:

Leticia asked members to share their thoughts on emerging and best practices they see as the field evolves. The following are some highlights of the discussion:

- Supported employment (The impact of employment on the need for case management is starting to become a larger focus.)
- Customized employment
- Consider language – recovery vs. resiliency. In the young adult population, the term resiliency is commonly used. Examine where the children’s and adult services mesh and where they do not.
- The integration of physical and behavioral health is another emerging area. The MHRT/C is becoming a valued credential for primary care practices.
- Start with a framework of examining the purpose of a Community Integration Worker and tie into MaineCare regs.
- Consider adopting practice standards (purpose, goals, practice)

5. Other Thoughts:

Leticia asked attendees to send along any suggestions for relevant resource material (e.g. national case management standards) and/or ideas for gathering information. Kim Lane mentioned that as

we move forward in developing the competencies it is important to keep focused on the definition of community integration and the role of the CI worker. Kelli Fox stated that the Council on Social Work Education is in the process of issuing a new set of national social work competencies, which may be another useful resource.

6. Next Meeting (s):

The next meeting of the Competency Sub-committee will be held on January 7th from 10-noon at 41 Anthony Ave., Conference Room A.